



COMMISSION TO ELIMINATE
CHILD ABUSE AND NEGLECT FATALITIES

OREGON PUBLIC MEETING HIGHLIGHTS—FEBRUARY 26-27, 2015

The Commission to Eliminate Child Abuse and Neglect Fatalities held a public meeting at the Portland Marriott City Center in Oregon on February 26-27, 2015. More than 200 people attended via teleconference or in person. This brief provides highlights from the meeting.

Commissioners heard testimony on four topics:

- Prevention of fatalities of children *not known* to the child welfare system
- Child welfare agency workforce issues
- Key federal policies aimed at protecting children
- The legal framework for child welfare

During the remainder of the meeting, Commissioners continued to discuss the work of the Commission subcommittees and the information that they have obtained to date.

FATALITIES IN OREGON: PREVENTION AND RESPONSE

The meeting opened with remarks by Erinn Kelley-Siel, director of the Oregon Department of Human Services (DHS). Director Kelley-Siel raised two primary points. Her first was that the prevention of child abuse and neglect fatalities is not exclusively the responsibility of child protective services (CPS). Director Kelley-Siel's second point was that when a fatality does occur, it is important for CPS to demonstrate transparency and accountability, learn from its mistakes, and implement a response system that is committed to system improvement.

DHS partners with the Oregon Health Authority (OHA) to convene state child fatality reviews twice per year. These meetings review fatalities of children both known and unknown to the child welfare system and explore opportunities for the two agencies to work together on prevention efforts. The state also convenes a Critical Incident Response Team (CIRT) within 24 hours of a fatality or serious injury to a child known to CPS. Reports from these investigations are published on the Internet.

Director Kelley-Siel concluded her remarks by requesting the Commission's assistance with some of the challenges her state faces, including difficulties obtaining information about families that move between states, social isolation of families in both rural and urban areas, cross-system information-sharing about children and families, and prioritization of federal prevention funding.

PREVENTION OF FATALITIES OF CHILDREN *NOT KNOWN* TO THE CHILD WELFARE SYSTEM

The meeting's first panel focused on innovative service delivery models under way in the Pacific Northwest region that operate from a well-being framework. Presenters explored leading cross-system data-sharing, funding, and program efforts that help prevent child maltreatment fatalities.

MaryAnne Lindeblad, Medicaid director in Washington State, spoke about the long history of collaboration between Medicaid and CPS in Washington. She then listed several new opportunities

made possible through the state's Medicaid expansion and the Affordable Care Act, including expanded insurance coverage and access to preventive services, mental health and substance abuse treatment at parity, and care coordination. Finally, Lindeblad discussed key aspects of current health care reform initiatives in Washington State. These reforms strengthen delivery systems for families through the integration of behavioral and physical health services, payment reform, and increased accountability; increase access to data; and employ "Accountable Communities of Health" approaches that are more accountable for outcomes and build healthier communities through a collaborative regional approach. To better serve foster youth, the state also is moving all foster children into a single managed care entity, expanding eligibility to age 26, and providing training to increase providers' understanding of trauma and adverse childhood experiences (ACES).

According to the next speaker, **Amy Baker**, children's mental health director for Oregon, mental health disorders among children are increasing due to ACES and the impact of toxic stress on developing brains. Evidence shows that reduction of ACES reliably reduces health care costs, and Baker emphasized the importance of nurturing families and communities to raise healthy children. She then discussed some of the efforts under way in Oregon, including the following:

- **The Children's Health Policy Team** is a group of professionals from public health, mental health, Medicaid, early childhood education, and other disciplines who examine policies across systems to assess whether they support nurturing environments and help to eliminate toxic stress.
- **Coordinated Care Organizations (CCOs)** were designed to create integration among physical health, behavioral health, and dental care services through a global budget. Cost savings can be reinvested in prevention efforts.
- **Expansion of effective health care practices** includes evidence-based practices such as Parent-Child Interaction Therapy (PCIT) and Nurse-Family Partnership.
- **Prioritization of children ages 0-3** is accomplished through the creation of infant-toddler mental health services and attention to specific windows of opportunity (such as prenatal care, delivery, and perinatal care) for screening and service provision.
- **Early Childhood System of Care** creates formal linkages among all of the state's early childhood systems.
- **Trauma-Informed Oregon** is a university partnership to increase equity and ACES literacy among health care and other helping professionals.

Helen Bellanca, M.D., Health Share of Oregon's maternal child program manager, presented on the transformation of health care in Oregon through the creation of the CCOs. She discussed three specific initiatives to prevent child abuse and neglect fatalities: (1) The focus on preventing unintended pregnancies and access to contraception as a core prevention service and quality metric (this strategy promotes pregnancy intention counseling for all women, providing contraception to women who do not want to be parents now and providing preconception and prenatal services to women who do); (2) The implementation of a family well-being assessment, a screening tool that will be used across sectors (prenatal care, public health, and community agencies) to assess pregnant women and parenting families' needs and connect them to services, as well as to develop a greater understanding of the needs of entire communities; and (3) Project Nurture, a pilot project that integrates maternity care and addiction treatment. Dr. Bellanca ended her presentation by discussing several key opportunities presented by CCOs, including the integration of various systems, development of pay-for-performance metrics, and the transformation of primary care as a model for maternity care transformation.

CHILD WELFARE AGENCY WORKFORCE ISSUES

The next panel explored the research base on workload factors that influence CPS agency performance, as well as the impact of workforce turnover on child and family outcomes.

The first two presenters, Myles Edwards (independent consultant) and Donald Graham (WRMA, Inc.), discussed the strengths and limitations of the research base on child welfare workload. Edwards indicated that studies have not found workload to have a direct impact on child welfare outcomes. The critical workload question, according to Edwards, is: “What are the services required to be received by the case in order to implement the planned practice model with fidelity.” This keeps the focus on what children and families need, desired outcomes, and the practice model needed to achieve those outcomes, rather than starting from a focus on how workers currently spend their time. He suggested that modifying statewide automated child welfare information systems (SACWIS) to track all of the services a child and family receives during a case would facilitate more effective workload studies in the future.

Graham pointed out that the purpose of a workload study is to measure and assess the gap between workload and existing resources. There are almost always strategies available to address this gap that go beyond simply adding more CPS workers (including new technologies, practice methods, or staff in other disciplines). He also indicated that recurrence of child abuse and neglect is the most relevant outcome studied by existing workload analyses, because such studies have not specifically addressed child abuse and neglect fatalities.

Ryan Vogt, from Oregon DHS, then discussed Oregon’s experience with workload studies. Oregon conducted workload studies in 2008, 2010, and 2014. These studies have had an advantage over previously employed caseload models in that they are better able to show changes in practice, increases in case complexity, and efficiencies that have been implemented. Vogt noted that staff have increasingly recognized the importance of their participation in workload studies. In 2014, the state validated its survey results through the addition of ride-alongs, desk-side observations, focus groups, and interviews with workers. As a result of these surveys, the Oregon Legislature has approved staffing increases from 50 percent to 85 percent of the workload.

The final member of this panel was Joan Levy Zlotnik, Ph.D., director of the Social Work Policy Institute of the National Association of Social Workers. Dr. Zlotnik summarized the current research base regarding the child protection workforce, including evidence of high turnover rates, heavy workloads, and insufficient clinical training and assessment skills. There is no research specific to fatalities, but studies have shown that workforce issues do impact other outcomes, such as returns to foster care and the number of placements a child experiences. Dr. Zlotnik emphasized the importance of quality supervision in supporting effective worker practices and positive client outcomes. She also discussed the costs of worker turnover, both to agencies and in terms of the impact on other staff members. She concluded by recommending that agencies examine organizational and caseworker factors, in addition to child and family factors, as they conduct child fatality reviews.

KEY FEDERAL POLICIES AIMED AT PROTECTING CHILDREN

JooYeun Chang, Associate Commissioner of the Children’s Bureau, Administration for Children, Youth and Families (ACYF), U.S. Department of Health and Human Services (HHS), provided Commissioners with information about Children’s Bureau efforts during the past 20 years to address child abuse and neglect fatalities and child maltreatment in general. Associate Commissioner Chang then suggested some considerations for the Commissioners’ forthcoming policy recommendations. These included improving state definitions and data collection around near fatalities and encouraging more cross-system efforts across federal agencies. Chang also discussed a number of provisions of the

President's FY 2016 budget proposal for child welfare, which seeks to strengthen and make targeted investments in child welfare programs. These include the following:

- Grants to develop better child abuse and neglect investigation models at the state and local levels
- Changes to title IV-E that would allow states to claim reimbursement for preplacement and postplacement services for candidates for foster care
- Expansion of the Abandoned Infants Assistance program to include at-risk infants and toddlers
- Increased support to build child welfare capacity in Tribal communities

THE LEGAL FRAMEWORK FOR CHILD WELFARE

Kathleen Noonan, J.D., co-director of the PolicyLab at The Children's Hospital of Philadelphia, provided Commissioners with guidance about the legal framework for child welfare to inform their policy recommendations. She explained that child welfare programs involve a balance between citizens' rights to individual liberty, and the state's right of *parens patriae*. When individual and state interests clash, judges make a determination by applying various balancing tests. Such tests include compelling state interest, best interest of the child, or protecting the public health. Noonan emphasized that when interests clash, evidence (in the form of data) must be brought to the table.

Noonan then discussed the application of these concepts to potential recommendations by the Commission, including the question of using vital statistics data to initiate newborn (or even prenatal) child welfare cases. She suggested three specific considerations:

- **Universalism vs. segmentation.** Universal programs are less likely to be seen as infringing on individual rights. Programs that segment a population are on less solid legal ground and will likely require more data to support them.
- **Pre-emptive intervention vs. reactive.** Pre-emptive interventions may need to be based in a system other than CPS (such as public health or education), where interventions can be based on the threat of harm or the best interest of a child.
- **Mandatory vs. voluntary.** Most prevention services currently within child welfare are not mandatory. To be effective, those services may need to be housed within another system, such as public health.

SUBCOMMITTEE WORK

CPS Subcommittee

The Child Protective Services (CPS) Subcommittee focused its initial recommendations on safety assessment. Additional recommendations will be forthcoming from this subcommittee in the areas of workload, confidentiality, agency practices, resources, and accountability.

Staff began by presenting a case study from Florida that illustrates safety and risk assessment from the perspectives of present, impending, and emerging danger. The objective was not to criticize the agency's actions or decisions but to raise issues regarding the "threat of harm" threshold. Discussion included potential prevention pathways for the child in this case study and other children in similar situations, the critical role of the CPS hotline, and the importance of multidisciplinary responses. The subcommittee then presented its recommendations. Responses to the recommendations varied, but in general Commissioners agreed that recommendations should further emphasize the federal role and that it will be necessary for the CPS Subcommittee to work with the Public Health Subcommittee on comprehensive recommendations that apply across service sectors.

American Indian/Alaska Native Subcommittee

There will be a special meeting on Tribal issues next month in Scottsdale, Arizona, at the Talking Stick Resort. Commissioners will have an opportunity to visit the Salt River Pima-Maricopa Indian Community Family Advocacy Center the day before the meeting. The meeting will include presentations by national experts on jurisdictional issues, data collection, child welfare practice, early intervention, and the Federal role, as well as concerns about disproportionality of American Indian/Alaska Native children in care.

Policy Subcommittee

The Policy Subcommittee reported that it will focus its efforts in four areas: clarification of current law, the effectiveness of existing policies and services, accountability, and efficiency. It will provide the Commission with analysis of current laws with respect to these four areas, and it will review the recommendations of other subcommittees upon request. During the discussion that followed, the Policy Subcommittee was asked to review and provide proposed recommendations on child welfare finance reform, and to provide a review of the recommendations in the report, *Shame on U.S.*, recently released by the Children's Advocacy Institute.

Public Health Subcommittee

The Public Health Subcommittee's work is based on the belief that we are all responsible for child well-being. Child abuse and neglect fatalities constitute a public health emergency, and ensuring child well-being will require system-level, not just individual-level intervention. A web of formal and informal systems and supports (beyond CPS) must be engaged in order to prevent child fatalities due to maltreatment.

The subcommittee presented the organizing principles around which it will build its recommendations in support of that vision. These were discussed at length by the Commissioners, including conversations around the involvement of states' Medicaid plans, authentic engagement with Tribes, the potential impact on disproportionality of minority families within CPS, and ways to create greater flexibility in federal funding (including dual-generation funding strategies). There was agreement about the general direction of this subcommittee. Coordination between the Public Health and CPS subcommittees will be critical.

Disproportionality Subcommittee

Commissioners agreed that disproportionality should be an official CECANF subcommittee. One role of this subcommittee may be to come up with questions that other subcommittees should be considering as they conduct their work. Key questions that this subcommittee will explore include the following:

- Is there an increased risk of child abuse and neglect fatality for minority children? If so, why?
- Are there initiatives targeted at reducing or eliminating this disproportionate impact in certain communities, and what do we know about the success of these programs?
- Should we be targeting initiatives to minority communities? What are the potential unintended consequences of this approach (i.e., will it exacerbate the current disproportionality of minority children and families involved with CPS)?

Measurement Subcommittee

The Measurement Subcommittee continues to follow up on several issues raised at earlier meetings, including the following:

- Adding recommendations to address specific concerns about counting child abuse and neglect fatalities in Indian Country, including support to Tribes to build data systems and capacity

- Working with the Policy Subcommittee to understand the policy implications of its draft recommendations

Military Subcommittee

There continues to be a lack of understanding of the true rate of child abuse and neglect and fatalities among children of military personnel, as a result of data-sharing issues between Family Advocacy Programs and local CPS agencies. This subcommittee is working toward inviting Family Advocacy Program representatives to a future Commission meeting to discuss recommendations that would improve their ability to identify children and families who are most at risk and to strengthen prevention efforts.

A full transcript and meeting minutes will be available on the Commission's website at <https://eliminatechildabusefatalities.sites.usa.gov/event/oregon-public-meeting/>